



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

Financial Aid Appeal Form



Fall

Spring

Summer

Year 20 ___

Last Name

First Name

MI

Student ID

Street

City

ST

Zip

Phone Number

G00

REASON(S) FOR PETITION (CHECK AND COMPLETE ALL THAT APPLY)

EXCESSIVE ATTEMPTED UNITS (90 OR MORE) AS OF _____ SEMESTER

FINANCIAL AID DISQUALIFIED AS OF START OF _____ SEMESTER

RECEIVED AA/AS OR HIGHER DEGREE

I PLAN TO GRADUATE OR TRANSFER FROM A SMCCCD COLLEGE AS OF: Month _____ Year _____

MY GOAL IS TO COMPLETE: Certificate AA/AS Degree Transfer/BA Degree

MY MAJOR AREA OF STUDY IS: _____

Complete this form if you wish to appeal your financial aid status for the school year. Once completed, submit this form to the Financial Aid Office at your District College. Documentation must be included (i.e. illness, family emergency, etc.) with this petition, if that is the basis for requesting an exception. Failure to include appropriate documentation will result in your appeal being denied.

You (the student) must complete items 1 and 2 on the back of this form.

A current Student Educational Plan (SEP) must be included with your petition. Make an appointment with a counselor to complete your SEP.

After meeting with a counselor, submit your completed Appeal Form and SEP to the Financial Aid Office on your campus. Check the web site for current office hours.

Please note that if your appeal is approved, you are considered to be on "Probationary" status and are required to meet continued Satisfactory Academic Progress (SAP) standards. You may be required to appeal for following terms if your overall/cumulative GPA and pace rate do not meet the SAP standards as listed in the Financial Aid Handbook (available on line),

IMPORTANT: This document will be scanned into your Financial Aid File.
If completing this form by hand please use black or dark blue ink.

1) REASON FOR EXCEPTION(S): Describe any circumstances you believe should be considered in reviewing your petition for reinstatement or continuation of Financial Aid. Be as specific as you can giving dates and times, if relevant. (ATTACH A SEPARATE SHEET IF NECESSARY)

2) PLAN FOR RESOLVING EXCEPTION(S): Describe how you intend to resolve the circumstance(s) as it relates to successfully completing your studies at SMCCCD. Be as specific as you can in terms of tutoring, childcare, reductions in work schedule, change in major or other factors that may have affected your ability to complete your classes. (ATTACH A SEPARATE SHEET IF NECESSARY)

STUDENT SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

APPEAL RESULTS: APPROVED DENIED PENDING

COMMENTS:

SIGNATURE: _____ **DATE:** _____